

MILTON TOWNSHIP FREEDOM OF INFORMATION ACT REQUEST FORM

GAIL P. HINKLE, FREEDOM OF INFORMATION OFFICER

Telephone: (630) [668-1616] Facsimile: (630) [668-1608] E-mail Address: miltonclerk1@aol.com

TO: Gail P. Hinkle, Freedom of Information Officer
Milton Township
1492 North Main Street
Wheaton, IL 60187

FROM: Name _____
Address _____
Phone _____

TITLES OR DESCRIPTION OF RECORDS REQUESTED:

(Use Attachment if Additional Space is Needed for Description)

CHECK ALL OF THE FOLLOWING THAT ARE APPLICABLE:

_____ I wish only to inspect these records at the office of the Freedom of Information Officer above. I understand that inspection is available only during regular business hours Monday through Friday, (except legal holidays) from 8:30 a.m. to 4:30 p.m.

_____ I request copies of the foregoing records in the following format, *if available*, and agree to pay the charges as indicated (if format is not available, you will be contact and asked to select another):

___ 8 1/2" x 11" or legal, black and white, on white paper First 50 pages free; \$.15 per page above that amount.

___ Other color print or paper stock Actual cost of reproduction.

(specify) _____

___ CD ROM \$.[] per disk.

___ Micro-cassette tape \$.[] per disk.

___ Other electronic Actual cost of medium.

_____ I request that the copies be sent via U.S. Mail \$.[] per 7 8 1/2" x 11" sheets, \$[] for disk or tape, or actual cost of postage.

_____ I request that the copies be e-mailed to me, if available.

_____ THIS REQUEST IS FOR A COMMERCIAL PURPOSE (*You must state whether your request is for a commercial purpose.* A request is for a "commercial purpose" if all or any part of the information will be

used in any form for sale, resale, or solicitation or advertisement for sales or services. Failure to disclose whether a request is for a commercial purpose is a prosecutable violation of FOIA.)

I understand that any payment need be received before any documents are copied and/or mailed.

Date

Signature

Please note oral communications or other information on the back of this form.

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*****For Freedom of Information Officer Use Only*****

Date Request
Received

Date Response
Due

Date Extended
Response Due

Total Charges

Date Documents
Copied or Inspected